

# Best Available Copy

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	(	)	↓	(	)	↓	(	)	↓
TOTAL DEP.	(	)	↓	(	)	↓	(	)	↓
TOTAL CLAIMS	(	)		(	)		(	)	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS